30

NOV 14
MTG

1996 APS Poster Abstract Form

RR → AR
B Buckley
M Smith
M Shi

Theme #_____ (choose one number from the list on the back page)

#_____ (for office use)

Keywords (choose up to three additional numbers) #07 #_____ #_____

Abstract Title:

COMPARISON OF CONTROLLED RELEASE OXYCODONE (OxyContin™) TABLETS TO CONTROLLED-RELEASE MORPHINE (MS Contin®) IN PATIENTS WITH CANCER PAIN

Author(s) and Institution(s) (e.g., Mark Jones, Duke University; Sally Smith, Yale University):

P. LoRusso, Harper Hospital, B. Berman, Reg. Onc. Hem. Assoc., P. Silberstein, Mercy Cancer Center, M. Mullane, Univ. of I IL Hosp., M. Citron, LIJ Med. Ctr., S. Weinstein, MD Anderson Cancer Center, R. Reder, M. Smith, B. Buckley, M. Shi, Purdue Pharma LP

Abstract Text:

Either controlled-release oral oxycodone (OCR) or controlled-release oral morphine (MCR) tablets can be used for opioid therapy in ongoing cancer pain syndromes. A direct comparison of these two entities was, therefore, desirable. Cancer patients (n=101) with pain were enrolled at 9 centers in this double-blind, randomized, parallel group trial comparing around-the-clock opioid therapy with either OCR or MCR administered q12h. Blinded OCR (20 mg tablets) or MCR (30 mg tablets) doses were titrated to achieve stable pain control; blinded rescue medication, immediate-release oxycodone (10 mg) or immediate-release morphine (15 mg), respectively, was utilized. Stable pain control was defined as the following over a 48 hour period: the q12h scheduled opioid dose was unchanged, the number of breakthrough pain rescue doses was 2 or less in each 24 hour period, the patient reported that pain control had been acceptable (usually none or slight), the patient reported that any adverse reactions were tolerable, and the dose, frequency and route of administration of any non-opioid analgesics and/or adjuvant medications with analgesic properties were unchanged. Patients were allowed to participate for a maximum of 12 days. Baseline pain intensity (None = 0, Slight = 1, Moderate = 2 and Severe = 3) was 2.1 ± 0.1 (mean ± SEM) for the OCR group and 2.1 ± 0.1 for the MCR group (n.s.). After titration to stable pain control the pain intensity was, on average, slight for both OCR (1.3 ± 0.1) and MCR (1.1 ± 0.1) (n.s.). Pain was controlled in 81% of OCR and 83% of MCR patients (n.s.). Only 2 patients, 1 in each group, discontinued due to ineffective treatment. The time (days) to stable pain control was 3.8 ± 0.5 for OCR and 3.6 ± 0.4 for MCR (n.s.). The final total daily doses at pain stabilization were 103 ± 12 mg oxycodone for OCR (median 80 mg) and 147 ± 11 morphine (median 120 mg) for MCR. The side effect profiles were also similar for the two treatments. Two patients reported hallucinations with MCR but none reported this side effect with OCR. OCR and MCR can be used with equal facility for around-the-clock opioid therapy in the treatment of cancer pain.

This study was supported by Purdue Pharma L.P.

(Do not exceed 300 words.)

APS Member Name R. Reder, M.D. Signature Robert T Reder 6/13/96

Each abstract form must be signed by a member of the American Pain Society. The signing member certifies that the work complies with the guiding principles for experimental procedures in human and animal subjects endorsed by the American Pain Society.

Please submit one complete and two (2) additional copies of this form.

F:\PRIVATE\ROSS\REDER\MISC\APS96.DOC